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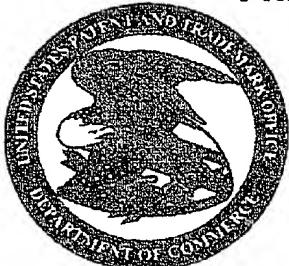
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Date	Time	Type	Identification	Duration	Pages	Result
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May 30 05 08:34p	Coherent Sound In Light	323 848-8827	P.1
Fax Cover Sheet			
To:	USPTO		
Date:	Monday, May 30, 2005		
FAX No:	703 872-5306		
Re: Application: 09/760,908 continuation 11/001/625 – Notification of address change and revocation of power of attorney; Application: 09/830,279 – Notification of address change and revocation of power of attorney; and Certificates of Correction for US Patent 6,891,094, claim 19			
Pages (including this one): 9			
To Whom It May Concern: I am faxing over the documents regarding application 11/001/625 (continuation of 09/760,908); and 09/830,279 as specified above. In addition, the allowed claim 10 of US Patent 6,891,094 issued May 10, 2006 was mis-printed as depending from claim 11 instead of claim 17 – It is my contention in view of the allowed claims in the application history, that this is a simple error on the part of the USPTO, probably the Publications Dept. I am asking for this to be corrected ASAP.			
Best, Geoffrey McCabe 8601 Crescent Drive Los Angeles, CA 90046 mccabe26@stegiclegal.net 323 348-8827 323 819-0100 cell			

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PTO/SB/21 (01-03)

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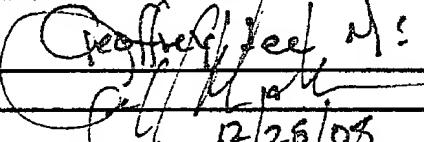
Application Number	09/830,279
Filing Date	Oct 23, 2001
First Named Inventor	Geoffrey Lee M. Gabe
Art Unit	2837
Examiner Name	Kimberly Lockett
Attorney Docket Number	

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		
<p>This is an amendment to OA dated 10/01/05 Contains duplicates of Revocation of Power of Attorney & Change of Address. (13 pages including this one.)</p>		

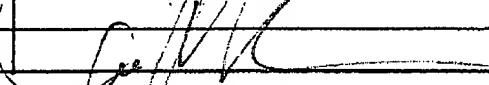
Fax to: 571-273-8300

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Geoffrey Lee M. Gabe
Signature	
Date	12/26/05

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